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## PRITZKAU PATENT GROUP LLC

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FACSIMILE TRANSMITTAL SHEET

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**To** Examiner Jude J. Jean Gilles  
USPTO

**From** Jay Beyer  
Pritzkau Patent Group

**Number of Pages (including cover)** 13

**Date Sent** April 25, 2006

**Fax #:** 571-273-8300

MessageResponse to Office Action

Examiner Jude J. Jean Gilles,

Please enter the following documents into the file for application serial number 09/939,136. The following documents include:

Fax cover sheet	1 page
PTO-2038 Credit Card Payment	1 page
Amendment B Transmittal (in duplicate)	2 pages
Amendment B	<u>9 pages</u>
<b>Total Pages</b>	<b>13 pages</b>

If there are any questions regarding this fax, please call Jay Beyer at 303-499-3859.

Sincerely,

Jay Beyer

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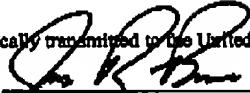
APR 25 2006

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of ) Examiner: Jean Gilles, Jude J.  
 Scott T. Brown et al. ) Art Unit: 2143  
 Serial No: 09/939,136 ) Attorney Docket: CSP-1  
 Filed: August 24, 2001 ) Date: April 25, 2006  
 For: E-MAIL MESSAGING SYSTEM AND )  
 METHOD FOR ENHANCED RICH MEDIA )  
 DELIVERY )

**CERTIFICATE OF ELECTRONIC TRANSFER:** I hereby certify that this correspondence is being electronically transmitted to the United States Patent and Trademark Office on April 25, 2006.

Signed:   
Jay R Beyer

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

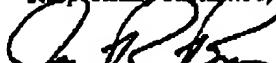
SIR: Transmitted herewith is an Amendment for the above application.

Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established  
 No additional fee is required.  
 Postcard included

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	NON-SMALL ENTITY
	Claims Remaining	Previously Paid For	Present Extra	Rate	Additional Fee
Total Claims	* 73	Minus **74	0	x 25	\$ 0
Indep. Claims	* 32	Minus ***32	0	x 100	\$ 0
First Presentation of Multiple Dependent Claim(s)				+180	\$
				Total	\$ 0
<small>* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.</small>					
<small><input checked="" type="checkbox"/> Applicant(s) hereby Petition(s) for an Extension of Time of <u>2</u> month(s) pursuant to 37 C.F.R. § 1.136(a).  <input checked="" type="checkbox"/> Enclosed please find PTO form PTO-2038 authorizing credit card payment of <u>\$225.00</u> to cover the Small Entity Extension of Time fee.</small>					
<small><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <u>19-1685</u> (Order No. CSP-1) (a duplicate copy of this sheet is enclosed):</small>					
<small><input checked="" type="checkbox"/> Any additional fees associated with the submission of the attached papers.  <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.  <input checked="" type="checkbox"/> Any extension or petition fees under 37 C.F.R. § 1.17.</small>					

Respectfully submitted,



Jay R Beyer  
Registration No. 39,907

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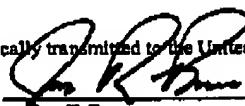
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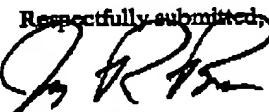
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	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	NON- SMALL ENTITY
	Claims Remaining	Previously Paid For	Present Extra	Rate Additional Fee	Rate Additional Fee
Total Claims	* 73	Minus ***74	0	x 25 \$ 0	x 50 \$
Indep. Claims * 32					
First Presentation of Multiple Dependent Claim(s)					
				Rate Additional Fee	Rate Additional Fee
				x 100 \$ 0	x 200 \$
				+180 \$	+360 \$
				Total \$ 0	Total \$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Applicant(s) hereby Petition(s) for an Extension of Time of 2 month(s) pursuant to 37 C.F.R. § 1.136(a).  
 Enclosed please find PTO form PTO-2038 authorizing credit card payment of \$225.00 to cover the Small Entity Extension of Time fee.  
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Respectfully submitted,  
  
 Jay R. Beyer  
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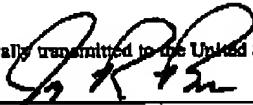
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Attorney Docket: CSP-1  
Date: April 25, 2006

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Signed:   
Guy R. Beyer

## AMENDMENT B

Commissioner of Patents  
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Alexandria, VA 22313-1450

Dear Sir:

The present paper is intended to be a complete response to the Office action of December 2, 2005.

Remarks begin on page 2 of this paper.

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CSP-1

Page 1 of 9

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